

Work Order ID 117875

May-05-14 11:46:45 AM

117875

Page 1

Item ID: D2690-5

Revision ID:

Item Name: Lanyard Ass'Y

Start Date: 5/05/14 Start Qty: 12.00

Required Date: 5/05/14 Req'd Qty: 12.00

Reference:

Accept

N900040100

Setup Start

NS1

Stop

NS2

Cust Item ID:

Customer:

Approvals: Process Plan: MLJ Date: 1405-07

QC: _____ Date: _____

Tooling: _____ Date: _____

SPC (Y/N): _____ Date: _____

Run Start

NR1

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr

Revision Nbr

D2690

Rev B2

100

0.00

100

Small Fab

0.00

Small Fab

Memo

Small Fab

Manufacture as per Dwg D2690

***As per dwg note, crimp only one end other end will be crimp at assembly.
Make sure that second sleeve loop is tape with cable.***

110

0.00

110

QC5- Inspect part completeness to step on W/O

0.00

QC

Memo

Quality Control

120

0.00

120

Identify as per dwg & Stock Location: ST014

0.00

Packaging

Memo

Packaging

12 _____ 14/05/08

12 _____

12x _____ DAS 28 9-89 MAY 08 2014

DAS
36
9-89

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Work Order ID 117875

May-05-14 11:46:45 AM

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Page 2

Item ID: D2690-5

Revision ID:

Item Name: Lanyard Ass'Y

Start Date: 5/05/14 Start Qty: 12.00

Required Date: 5/05/14 Req'd Qty: 12.00

Reference:

Accept

N900040100Setup Start ***NS1***Stop ***NS2***

Cust Item ID:

Customer:

Approvals: Process Plan: _____ Date: _____

QC: _____ Date: _____

Tooling: _____ Date: _____

SPC (Y/N): _____ Date: _____

Run Start ***NR1***Stop ***NR2***Sequence ID/
Work Center ID

130

130

QC

Quality Control

Operation
Description

QC21- Final Inspection - Work Order Release

Memo

Set Up/
Run Hours

0.00

0.00

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

MLJ 14-05-08
JMF
14-5-8

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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Doc/Data									
Equip/Tooling									
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Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

May-05-14 11:46:44 AM

Page 1

Work Order ID: 117875

117875

Parent Item: D2690-5

D2690-5

Parent Item Name: Lanyard Ass'Y

Start Date: 5/05/14

Required Date: 5/05/14

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP: C01.08.24Removed Manufacturer Release CertificationSM/EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
CBL-1240 *CBI -1240* Cable		Purchased	No			100	f	432.9000	0.625	8		14/05/08	DAS 36 9-89
				<u>Location</u>				<u>Loc Qty</u>		<u>Loc Code</u>			
				GA				432.9		8			
					m128229			432.9					
CBL-460 *CBI -460* Loop Sleeve		Purchased	No			100	Each	186.0000	2	24		14/05/08	DAS 36 9-89
				<u>Location</u>				<u>Loc Qty</u>		<u>Loc Code</u>			
				GA				186					
					125499			5					
					m127811			3					
					m128229			5					
					m129007			173		24			

DQA: _____ Date: _____



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